

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	ADDED		ADDED		ADDED	
	IND	DEP	IND	DEP	IND	DEP
1						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
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97						
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99						
100						
TOTAL IND.	2					
TOTAL DEP.	0	0				
TOTAL CLAIMS	2					